Changing Organizational Culture through Implementation of Trauma Informed Care

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Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

Describe 3 components of a work plan for implementation of TIC practice

Describe 3 examples of trauma informed practices that can change patient care and enhance staff engagement

Participate in a trauma informed meeting
Group agreements

Be present
Put phones away if possible
Take care of yourself
Ask for more information when you need it
Assume best intentions
Accept others where they are at
Step up, step back
Respect confidentiality
Give yourself permission to pass
Introductions and opening question

Name
Pronouns
Describe your favorite place in one word
Comprehensive Health Services (formerly AIDS Activities Office)
Lehigh Valley Health Network, Allentown, PA

- Ryan White Part C recipient for 27 years
- 950 active patients
- Medical home model
  - Clinical care
  - Psycho social support
  - Behavior change
  - Prevention and testing
  - Outreach and navigation
Multnomah County Health Department, HIV Health Services Center, Portland, OR

Opened in 1991

1400 clients

Ryan White Parts A, B, C, & D

Medical home with full range of primary and HIV care services provided by PCP and medical team

Integrated behavioral health, including medical case management and patient navigation

Serve 1 in 4 persons living with HIV in the Portland area
Ryan White Part A Grantee, Multnomah County Health Department, Portland, OR

HIV Profile: US to the Portland Metro Area

**Prevalence**
- 7,519 Living with HIV in Oregon (2015)
- 5,813 Living with HIV in the 4 county TGA (2017)
- 2,634 Received Ryan White Part A/B services (FY 2017)

**Incidence**
- 193 Newly diagnosed with HIV in Oregon (2017)
- 133 Newly diagnosed with HIV in the 4 county TGA (2017)
- 93 Newly diagnosed with HIV who received Ryan White Part A/B services (FY 2017)

**VL Suppression Rate**
- 84% VL Suppression rate for FWA in care living in US (2014)
- 90% VL Suppression rate for FWA in care living in Oregon (2015)
- 90% VL Suppression rate for FWA in care living in the TGA (2015)
- 89% VL Suppression rate for FWA in care living in the TGA who received Part A/B services (2017)
ROAD MAP TO TRAUMA INFORMED CARE

Phase 1: Trauma Aware
- Recognition & Awareness
- Trauma Sensitive

Phase 2: Trauma Responsive
- Foundational Knowledge
- Agency Readiness
- Process & Infrastructure

Phase 3: Trauma Informed
- Gather Information
- Prioritize & Create Plan

Phase 4: Trauma Informed
- Implement & Monitor
- Adopt Policy & Practice

Outcomes
- TIC Culture

Assess
Group Discussion:

Share an example of a trauma-informed practice at your workplace
Outpatient HIV/Infectious Disease Program, Lehigh Valley Hospital

Security reports
Staff turnover

Our journey
- Concept education
- Self care
- De-escalation
- Trust
- Cultural competence leading to cultural humility
- Mechanisms for support and evaluation
- Ongoing
Examples of TIC practices and outcomes

• Current staff turn over = 8%
• Since 2016, 4 security reports of which 2 were completed after de-escalation by our staff, (paperwork only)
• Employee engagement award
• Name change
• Painting class
Multnomah County HIV Health Services Center
Began integrating TIC principles in 2010
Formed internal workgroup in 2015 to oversee development of TI infrastructure
In 2016, TIC Talk, clinic’s ongoing trauma informed care committee was created

• **Purpose**: Add to efforts at the Health Department to acknowledge and address how trauma impacts patients and staff with the goal of reducing inequity and improving the well-being and experiences of all.

• **Strategies**: Improve our own understanding of the impact of trauma and of trauma informed practices. Use both a trauma informed approach and equity lens in TIC Talk’s processes, decision-making, relationship-building, and development of deliverables
Examples of TIC practices and outcomes

- Changes to patient spaces (signage, lobby, exam rooms)
- Art therapy
- Weekly mindfulness group
- Staff wellness room
- Trauma-informed meetings
- Clinic debrief framework
- Patient passing protocol
- IPV trainings and resources
Multnomah County HIV Care Services/Ryan White Grantee

Ongoing discussions about consumer experiences
2014-2015 Planning Council Guidance & Standards of Care
2015-2016 Baseline TIC training for providers
Needed examples and framework of how to implement
Used the TIC Roadmap as a guide
Nov. 2016 Part A Learning Collaborative formed based on provider interest
Support provider efforts and create systems level change
Examples of TIC Learning Collaborative Projects

Meeting Discussions
• Group brainstorm
• Share resources
• Review agency restriction policies
• Review intake processes
• Impact of staff transitions
• Staff trauma

Systems – Level Changes
• TIC Organizational Assessment
• Questions added to client satisfaction survey
• Provider Speed Dating
• Staff Contact Sheet
• New Hire Orientation
• Add TIC language to site visit
Creating a Workplan for Implementation of TIC Practice

• Identify needs of patients/clients and staff
• Include all role groups and consumers
• Develop a charter (purpose and goals)
• Brainstorm ideas- nothing is too small!
• Prioritize goals and provide regular updates
• Consider how to have cross-agency collaboration
• Think about how to sustain culture change
• Evaluation plan
Questions?
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